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LAHIVE & COCKFIELD, LLP.
28 STATE STREET
BOSTON, MA 02109

04/13/2005 DEHMANU2 00000044 160085 10672072

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Mary Wilson	(Depositor's name)
<i>[Signature]</i>	(Signature)
4/11/05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/672,072	09/25/2003	Clive Elson	CGR-013CP3	4689

TITLE OF INVENTION: ADHESIVE N,O-CARBOXYMETHYCHITOSAN COATINGS WHICH INHIBIT ATTACHMENT OF SUBSTRATE-DEPENDENT CELLS AND PROTEINS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	04/12/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
CRANE, LAWRENCE E	1623	514-055000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Ralph A. Loren2 Palmer & Dodge, LLP

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Chitogenics, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Chatham, NJ

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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- ☒ Advance Order - # of Copies 10

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s).
- Deposit Account Number 16-0085, Ref. 4245/2035B

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *[Signature]*Date 4/11/05Typed or printed name Ralph A. LorenRegistration No. 29,325

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